



Marion County Community Corrections
140 East Washington Street
Indianapolis, IN 46204
phone: 1-317-327-1111
fax: 1-317-327-1555

MARION COUNTY COMMUNITY CORRECTIONS FELONY SCREENING TOOL

Please forward copies of the following, along with this referral form: charging information, probable cause affidavit, criminal history, plea agreement, PSI, and driving record.

Please Check one: The sentence on this cause is: ☐ suspendable ☐ non-suspendable.

Please allow seven business (7) days to process the referral.

Cause number(s): _____

Charge(s): _____

Judge: _____ Next court date: _____

Terms of the Plea Agreement: _____

Defendant's name: _____ Gallery #: _____

SSN: _____ DOB: ____/____/____ Age: _____ Race: _____ Sex: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Marital Status: _____

Educational level: (HS, GED, some college, college grad) _____

Employer name: _____ Employer phone: _____

Employer address: _____

Currently being supervised: ☐ MCCC ☐ Probation ☐ Parole

Has client been in Substance Abuse and/or Mental Health Treatment: ☐ Yes ☐ No

If 'yes', please explain: _____

Current Health-related Issues: _____

Referral Source: Name: _____

Phone#/E-mail Address: _____